

CETC Annual Report Checklist

Reporting Company Tempo Telecom, LLC

Code Ref.	Item No.	Annual Report Item	Requirement	Response summary	Completed? Y/N	ORS Comments
103-690.1.B.(b)(1) <i>High Cost CETCs</i>	1	Progress Report & Plan	Maps detailing progress Explain how much US support received How US support used Network improvement not fulfilled Two-year forward looking plan	N/A Lifeline only	Y	
103-690.1.B.(b)(2) <i>High Cost CETCs</i>	2	Outage Information	# outages exceeding 30 min. by service area (a) date and time of onset of outage (b) description of outage & resolution (c) services affected (d) geographic areas affected (e) steps taken to prevent repeat (f) # customers affected	N/A Lifeline only	Y	
103-690.1.B.(b)(3) <i>All CETCs</i>	3	Unfulfilled service requests	# unfulfilled requests detail attempts to provide service	0	Y	
103-690.1.B.(b)(4) <i>All CETCs</i>	4	Complaints	# complaints or troubles per 1000 handsets or access lines	0	Y	
103-690.1.B.(b)(5) <i>All CETCs</i>	5	Service quality compliance	Certification of SQ compliance Certification of consumer protection rules	See Attachment 3	Y	
103-690.1.B.(b)(6) <i>All CETCs</i>	6	Emergency preparedness	Report on emergency preparedness Certification of emergency preparedness	See Attachment 3	Y	
103-690.1.B.(b)(7) <i>All CETCs</i>	7	Comparable local usage plan	Certification of comparable local usage plan	N/A Wireless ETC Only	Y	
103-690.1.B.(b)(8) <i>All CETCs</i>	8	Equal access acknowledgements	Certification that equal access will be provided if asked	See Attachment 3	Y	
103-690.1.B.(b)(9) <i>All CETCs</i>	9	Lifeline & link-up	# Lifeline customers served during year # Link-up customers served during year	90 0	Y	
103-690.1.B.(b)(10) <i>All CETCs</i>	10	Lifeline verification	Copies of Lifeline survey responses Certification filed w/USAC	See Attachment 2 Copy of 481	Y	
103-690.1.B.(b)(11)	11	Participation in Lifeline	Requirement of Item 6 can be met by reference to an underlying carrier's continuing certification as for leased facilities	See Attachment 3	Y	

Pursuant to Agreement , carriers having limited ETC designation (Lifeline Only) are required to report the number of Lifeline customers served through the resale of local exchange services and the number of Lifeline customers served through facilities based local exchange services.

Resell: 90 Facilities: **0**

Pursuant to Agreement and/or S.C. Code Ann. § 58-4-55 (Supp. 2009), all CETCs are required to provide a copy of the USAC Form 497 reports for the most recent calendar quarter as submitted to USAC.

See Attachment 1

Pursuant to S.C. Code Ann S.C. § 58-4-55 (Supp. 2009) , all CETCs are required to provide statement concerning it financial fitness.

See Attachment 3

a. Does your company have outstanding accounts payable related to disputed charges with its underlying carriers? (Please check the appropriate box)
Yes or No **X**

b. What is the company's accrued amount of the outstanding balance related to these disputed charges with underlying carriers?

N/A

c. Does the company currently have the financial resources to make payment of all outstanding balances, if required to do so? (Please check the appropriate box)
Yes **X** or No

If the response to Item c. is "No", please explain how the company plans to continue its operations in South Carolina

Attachment 1

Tempo Telecom, LLC

LIFELINE CLAIMS WORKSHEET

 USAC Service Provider Identification Number 143037358

Study Area C

Organization Information		Filing Information	
Company Legal Name:	Tempo Telecom LLC	Submission Date	Dec
Contact Name:	April Gilstrap	01/03/2020	
Mailing Address:	115 Gateway Dr	Type of Filing (check one)	Original Revision
		State Reporting	SOUT
Telephone Number:	4782575984		
Fax Number:			
E-mail Address:	april.gilstrap@lingo.com		

Lifeline

Non-Tribal - Receiving federal Lifeline Support

	# Lifeline Subscribers	Lifeline Support/Subscriber Support
Voice	0	x \$ 0
Broadband	0	x \$ 0
Bundled	90	x \$ 9.25

Total Federal Non - Tribal Lifeline Support Claimed

Tribal - Receiving federal Lifeline Support

	# Lifeline Subscribers	Lifeline Support/Subscriber Support
Voice	0	x \$ 0
Broadband	0	x \$ 0
Bundled	0	x \$ 0

(not to exceed \$34.25 for any subscriber)

Total Federal Tribal Lifeline Support Claimed

 Total Federal Lifeline Support Claimed \$ 833
Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	(for multiple rates, use an average)
Total Connection Charges Waived	\$ <u>0</u>	
Total Tribal Link Up Support Claim		

Total Lifeline \$ 833 Total Tribal Link Up \$ 0 Total Dollars \$ 833

LIFELINE CLAIMS WORKSHEET

CERTIFICATIONS AND SIGNATURES

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, I have obtained and maintained valid certifications for each subscriber for whom my company seeks reimbursement.

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income equivalent reduction in the subscriber's monthly bill for supported service, or by offering a pre-paid complies with the appropriate minimum service standards contained in 47 CFR §54.408.

Based on the information known to me or provided to me by employees responsible for the preparation and submission of this report, I certify under penalty of perjury that the data has been examined and reviewed and is true and correct.

I acknowledge the Fund Administrator's authority to request additional supporting information as m

Persons willfully making false statements on this form can be punished by fine or imprisonment under
 States Code, 18 U.S.C. Â§1001.

01/03/2020

DATE _____

CFO

OFFICER TITLE

Brian McClintock

OFFICER SIGNATURE

Brian McClintock

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission is adopting rules to ensure that the benefits of the federal low-income programs are available to all eligible households.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Univ Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable ser services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service su

timely fashion.

We have estimated that each response to this collection of information will take, on average, two and one half hours for each respondent. This estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and submit responses. We also want to hear from you how we can improve the collection and reduce the burden it causes you, please send us your comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please contact the Paperwork Reduction Project (3060-0819), Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will respond to your comments as soon as possible. You may also submit your comments online at www.regulations.gov. We will post all comments received to the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this email address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This information collection has been assigned OMB

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If you believe that the collection of information in this form may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the FCC for review. The FCC is responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, your worksheet may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any other United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may reject your application.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

Code 249026

ata Month
ember 2019
<input checked="" type="checkbox"/> <input type="checkbox"/>
H CAROLINA

Total Lifeline

= \$ 0

= \$ 0

= \$ 833

aimed \$ 833

Total Lifeline

= \$ 0

= \$ 0

= \$ 0

(subscriber)
aimed \$ 0

e amount, may not exceed \$100)

ed \$ 0

3

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wireless plan that

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ay be necessary.

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mission has adopted changes

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each respondent. Our estimate
review the response. If you
se write the Federal
I also accept your comments
this e-mail address.

on sponsored by the Federal
Control Number: 3060-0819.

form. If we believe there may
deral, state or local agency
is, the information in your
mployee of the FCC; or (c) the

urn your worksheet without

52, and the Paperwork

Attachment 2

Tempo Telecom, LLC

Copy of FCC481

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Area Code	249026	
<015> Study Area Name	Tempo Telecom LLC	
<020> Program Year	2021	
<030> Contact Name: Person USAC should contact with questions about this data	April	
<035> Contact Telephone Number: Number of the person identified in data line <030>	4782575984 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	april.gilstrap@lingo.com	
Form Type	54.422	

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[illegible]

[400] Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	249024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext..
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2018
<010>	Study Area Code	249024
<015>	Study Area Name	Tampa Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Ariqiz
<035>	Contact Telephone Number - Number of person identified in data line <030>	4742575904 ext.
<038>	Contact Email Address - Email Address of person identified in data line <030>	ariqiz.11@gmail.com
<035> Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	26211
<035>	Contact Telephone Number - Number of person identified in data line <030>	4702575194 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

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(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
----------------------------------------------------------	--	-----------------------------------------------------------------------------------------

<010> Study Area Code	249924
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2021
<030> Contact Name - Person USAF should contact regarding this data	April
<035> Contact Telephone Number - Number of person identified in data line <030>	4782515984 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	april.012@tempo.com

<900> Does the filing entity offer tribal land services? (Y/N)

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

[1000] Voice and Broadband Service Rate Comparability Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
-----------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------

<010>	Study Area Code	249024
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4792575994 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

[1100] No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
----------------------------------------------------------------------	--	----------------------------------------------------------------------------------

<010>	Study Area Code	249026
<015>	Study Area Name	Tongva Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	Agri 11
<035>	Contact Telephone Number - Number of person identified in data line <030>	4780575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	agri11_gil@trapall.com

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2018

<010>	Study Area Code	249024
<015>	Study Area Name	Tengo Telecom, LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tengo.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <https://mytengo.com/legal/terms-and-conditions/>

*Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2018
<010> Study Area Code	243026	
<015> Study Area Name	Tempo Telecom LLC	
<020> Program Year	2021	
<030> Contact Name - Person USAC should contact regarding this data	April	
<035> Contact Telephone Number - Number of person identified in data line <030>	479257534 333	
<039> Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR 54.313(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2018.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

(3007) Does this filing retain a Cost Consultant and/or Firm, or other Third Party to prepare financial and operations data disclosures submitted to the National Exchange Carrier Association (NECA), USAC, or the Administrator?

(3007a)	(3007b)
Name of Consultant	Name of Consultant Firm/Third Party

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of newly deployed locations in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly deployed locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly deployed locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

(3005) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information <input type="text"/>
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information (Yes/No) <input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input type="radio"/> No
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information <input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input type="radio"/> Yes <input type="radio"/> No
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information <input type="text"/>

(3009) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3040-0086/OMB Control No. 3040-0019
	July 2018

<010> Study Area Code	249026
<015> Study Area Name	Tongol Telecom LLC
<020> Program Type	2021
<030> Contact Name - Person USAC should contact regarding this data	Bob Li
<035> Contact Telephone Number - Number of person identified in data line <030>	4782575994 work
<036> Contact Email Address - Email Address of person identified in data line <030>	apple11_q111@tongol.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Name of Attached Document Listing Required Information

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	249036
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575784 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses Name of Attached Document Listing Required Information of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	8702519987 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com

5005 Alaska Plan

- | | | |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| (5011) | Please indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas previously served exclusively by performance-limiting satellite backhaul. | (Yes/No) |
| (5012) | If the filing carrier identified in its approved performance plans that it relies exclusively on satellite backhaul for a certain portion of the population in its service area, indicate whether any terrestrial backhaul or other satellite backhaul became commercially available in the previous calendar year in areas that were previously served exclusively by satellite backhaul. | (Yes/No) |

[illegible]

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(6005) Phase II Auction Reporting Data Collection	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 April 2020
------------------------------------------------------	-----------------------------------------------------------------------------------

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom, LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@info.com

<6010> Total amount of Phase II auction support,
if any, the phase II Auction recipient carrier used
for capital expenditures in the previous calendar year

<6011> Phase II Auction recipient performance requirements certification (Yes/No)

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(7005) Phase-Down Support Reporting Data Collection		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 April 2020
--------------------------------------------------------	--	-----------------------------------------------------------------------------------

<010>	Study Area Code	249026
<015>	Study Area Name	Tempo Telecom LLC
<020>	Program Year	2021
<030>	Contact Name - Person USAC should contact regarding this data	April
<035>	Contact Telephone Number - Number of person identified in data line <030>	4792575984 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@tempo.com

<7010>	Price Cap Carrier and Fixed Competitive Eligible Telecommunications Carrier Phase-Down support requirement certification	(Yes/No)
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
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<010> Study Area Code	249026
<015> Study Area Name	Tempo Telecom LLC
<020> Program Year	2021
<030> Contact Name - Person USAC should contact regarding this data	April
<035> Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Tempo Telecom LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/16/2020
Printed name of Authorized Officer: Bill Morris	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 7702351415 ext.	
Study Area Code of Reporting Carrier: 249026	Filing Due Date for this form: 07/01/2020
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<010> Study Area Code	249026	
<015> Study Area Name	Tempo Telecom LLC	
<020> Program Year	2021	
<030> Contact Name - Person USAC should contact regarding this data	April	
<035> Contact Telephone Number - Number of person identified in data line <030>	4782575984 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	april.gilstrap@lingo.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Attachment 3
Tempo Telecom, LLC

103-690.1.B.(b)(5) Service quality compliance

Concerning our QoS (Quality of Service) policies. Tempo Telecom, LLC commits to complying with and satisfying all applicable state and federal requirements relating service quality and consumer protection standards including CTIA's Consumer Code for Wireless Service.

103-690.1.B.(b)(6) Emergency preparedness

Tempo purchases services from its underlying facilities-based carriers, such as Sprint PCS and T-Mobile. The underlying facilities-based carriers have advised that their networks have reasonable amounts of back-up power and the ability to reroute traffic around damaged facilities as well as manage traffic spikes resulting from emergency situations. Through the agreements with its underlying carriers, the Company has the ability to provide to its customers the same ability to remain functional in emergency situation as is currently provided by the underlying carriers to their own customers. Thus, the Company's service is capable to remaining functional in emergency situations.

103-690.1.B.(b)(8) Equal access acknowledgemant

Tempo hereby acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible telecommunications carrier is providing equal access within the service area.

Pursuant to S.C. Code Ann S.C. § 58-4-55 (Supp. 2009)

all CETCs are required to provide statement concerning it financial fitness.

Tempo hereby indicates a financial stability required by state and federal laws.

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